2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/1/2003-90063-016-$550.00-$550.00
8

FILED
03-SEP 24 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121776

1. Entity Name
CUC-GATORS, INC.

Principal Place of Business	Mailing Address
408 W UNIVERSITY AVE STE 408 GAINESVILLE FL 32601	408 W UNIVERSITY AVE STE 408 GAINESVILLE FL 32601

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1802 W. University Ave	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Gainesville FL	
City & State	City & State
Zip 32603 Country U.S.A	Zip Country

4. FEI Number 30-0146942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOPE, A BICE 408 W UNIVERSITY AVE STE 408 GAINESVILLE FL 32601	Name: Michael Ghiglieri Street Address (P.O. Box Number is Not Acceptable): [redacted] 10205 NW 25th Pl City: [redacted] Gainesville FL Zip Code: 32606

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 7/28/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPE, A BICE 408 W UNIVERSITY AVE STE 408 GAINESVILLE FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MIKE GHIGLIERI 10205 NW 25TH PL Gainesville FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #